

AUTO CR - LOG SUMMARY #1055510

TYPE: INFO

Incident Finding / Overall Case Finding

| Description of Incident | Finding | Entered By | Entered Date |
|--|----------------|------------|--------------|
| It is reported that the involved officers were conducting a warrant investigation at the location of the incident when they entered the backyard area and four dogs came out of a garage and charged at them. The involved officers fired their weapons at them and fatally wounded one of the dogs. | (None Entered) | | |

Reporting Party Information

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------------------|--------------------|------------|-----------|--------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | MEDRANO, PATRICK J | [REDACTED] | 006 / | SERGEANT OF POLICE | M | S | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|-----------------|----------------------|
| 13-JUL-2012 01:28 - 13-JUL-2012 01:28 | [REDACTED] | 0624 | 006 | 290 - RESIDENCE | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
| | | | | | | | |

Other Involved Parties

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------|----------------------|------------|------------|----------------|----------------|------|---------|-------|
| CPD Employee | Involved Member | WILLIAMS, KESHAUN J | [REDACTED] | 006 / | POLICE OFFICER | M | BLK | | |
| CPD Employee | Involved Member | RODRIGUEZ, TIFFANY B | 8051 | [REDACTED] | 006 / | POLICE OFFICER | F | BLK | |

Involved Party Associations

| Role | Rep. Party Name | Related Person | Relationship |
|------|-----------------|----------------|--------------|
| | | | |

Incident Details

| | | | |
|--------------------------------|------|------------------------------|-----|
| CR Required? | | Manner Incident Received? | PAX |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Civil Suit Settled Date: | |
| Notify Chief Administrator? | N | Notify Chief? | |
| Notify Coordinator? | | Notification Does Not Apply? | Y |
| Notification Other? | N | | |
| Notification Comments: | | | |

Incident Category List

| Incident Category | Primary? | Initial? |
|--|----------|----------|
| 20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL | Y | Y |

Investigator History

Investigator History

| Investigator | Type | Assigned Team | Assigned Date | Scheduled End Date | Investigation End Date | No. of Days |
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|

Extension History

| Name | Previous Scheduled End Date | Extended Scheduled End Date | Date Certified Letter Sent | Reason Selected | Explanation | Extension Report Date | Approved By | Approved Date | Approval Comments |
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|

Current Allegations

| Accused Name | Seq. No. | Allegation | Category | Subcategory | Finding |
|--------------|----------|------------|----------|-------------|---------|
|--------------|----------|------------|----------|-------------|---------|

Situations (Allegation Details)

| Accused Name | Alleg. No. | Situation | Victim/Offender Armed? | Weapon Types | Weapon Other | Weapon Recovered? | Deceased? |
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|-----------------|----------------------------|-----------|----------|
| ADMINISTRATIVELY CLOSED | 07-DEC-2012 11:23 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| CLOSED AT C.O.P.A. | 07-DEC-2012 11:23 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| PENDING ASSIGN TEAM | 08-AUG-2012 09:46 | DEAN, BRUCE | SUPERVISING INV COPA | 113 / | |
| PENDING SUPERVISOR REVIEW | 08-AUG-2012 07:24 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
| PRELIMINARY | 08-AUG-2012 07:24 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
| PRELIMINARY | 13-JUL-2012 03:25 | NUFIO, OSCAR | INVESTIGATOR I COPA | 113 / | |

Attachments

| No. | Type | Related Person | No. of Pages | Narrative | Original in File | Entered By | Entered Date/Time | Status | Approve Content | Approve Inclusion |
|-----|-----------------------------|----------------|--------------|-------------------------------|------------------|---------------|-------------------|----------|-----------------|-------------------|
| 1 | FACE SHEET | | | | | NUFIO, OSCAR | 13-JUL-2012 03:25 | | | |
| | DOCUMENTS - INTAKE INCIDENT | | 20 | Williams-(1)Document of Meeks | N | TOUSANT, LISA | 08-AUG-2012 06:59 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | PO Meeks, #8051 | N | NUFIO, OSCAR | 17-JUL-2012 02:54 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 14 | Meeks | N | TOUSANT, LISA | 08-AUG-2012 07:02 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | PO Williams, #6196 | N | NUFIO, OSCAR | 17-JUL-2012 02:55 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 1 | Destruction of an animal | N | TOUSANT, LISA | 08-AUG-2012 07:20 | APPROVED | | |

Review Incident

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Review Accused

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Accused Finding History

Accused Finding History

| Accused | Allegation | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Finding | Finding Comments |
|---------|------------|-------------|--------------------|------|---------|---------|------------------|
|---------|------------|-------------|--------------------|------|---------|---------|------------------|

Accused Penalty History

| Accused | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Penalty | Penalty Comments |
|---------|-------------|--------------------|------|---------|---------|------------------|
|---------|-------------|--------------------|------|---------|---------|------------------|

Findings

| Accused Name | Allegations | Category | Concur? | Findings | Comments |
|--------------|-------------|----------|---------|----------|----------|
|--------------|-------------|----------|---------|----------|----------|

FACE SHEET (Notification Date: 13-JUL-2012) - LOG #1055510

TYPE: INFO

Reporting Party Information

| | Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------------------|--------------------|----------|---------|--------------------|----------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | MEDRANO, PATRICK J | | 006 / | SERGEANT OF POLICE | M | S | | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|-----------------|----------------------|
| 13-JUL-2012 01:28 - 13-JUL-2012 01:28 | | 0624 | 006 | 290 - RESIDENCE | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
| | | | | | | | |

Incident Details

| | | | |
|--------------------------------|------|------------------------------|-----|
| CR Required? | | Manner Incident Received? | PAX |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | | |
| Motor Vehicle (V)? | | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Notify Chief? | |
| Notify Chief Administator? | N | Notification Does Not Apply? | Y |
| Notify Coordinator? | | | |
| Notification Other? | N | | |

Initial Incident Category List

| Initial Incident Category | Primary? |
|--|----------|
| 20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL | Y |

Assignment History

| Assigned To | Assigned Team | Investigator | Assignment Date/Time | Assigned By | Reason |
|-------------|--|--------------|----------------------|--------------|--------|
| IPRA | CIVILIAN OFFICE OF POLICE ACCOUNTABILITY | - | 13-JUL-2012 15:25 | NUFIO, OSCAR | |

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|-----------------|----------------------------|-----------|----------|
| ADMINISTRATIVELY CLOSED | 07-DEC-2012 11:23 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| CLOSED AT C.O.P.A. | 07-DEC-2012 11:23 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
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| PRELIMINARY | 08-AUG-2012 07:24 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
| PRELIMINARY | 13-JUL-2012 03:25 | NUFIO, OSCAR | INVESTIGATOR I COPA | 113 / | |

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | |
|---|--|---|---|---|---|---|----------------------|---------------------|---------------------|
| MEMBER INVOLVED SUBJECT INFORMATION | 1 DATE OF INCIDENT 13-JUL-2012 | TIME 13:28:00 | 2 ADDRESS OF OCCURRENCE [REDACTED] | 3 LOCATION CODE 092 | 4 BEAT/OCCUR 0624 | | | | |
| | 6 POSITION 9161 | 8 LAST NAME MEEKS | 7 FIRST NAME TIFFANY B | 9 STAR NO 8051 | 10 SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | 11 RACE CODE BLK | 12 AGE [REDACTED] | 13 HT 503 | 14 WT 126 |
| | 14 DATE OF APPT 18-DEC-2006 | 15 EMPLOYEE NO [REDACTED] | 16 UNIT & BEAT OF ASSIGNMENT 006 0661B | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | |
| | 20. LAST NAME [REDACTED] | 21 FIRST NAME [REDACTED] | 22 MI [REDACTED] | 23 SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | 24 RACE [REDACTED] | 25 DOB [REDACTED] | 26 HT [REDACTED] | 27 WF [REDACTED] | |
| | 28 ADDRESS [REDACTED] | 29 TELEPHONE NO [REDACTED] | 30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | |
| | 33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | 34 BY WHOM? [REDACTED] | 35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | |
| | 36 CHARGES PLACED [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> DNA | 37 CB NO [REDACTED] | IR NO [REDACTED] | <input checked="" type="checkbox"/> DNA | | | |
| | 38 <input checked="" type="checkbox"/> DNA | PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____ | ACTIVE RESISTER FLED PULLED AWAY OTHER _____ | ASSAULTANT ASSAULT IMMINENT THREAT OF BATTERY OTHER _____ | ASSAULTANT BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____ | ASSAULTANT DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODY HARM WEAPON OTHER _____ | | | |
| | 39 <input type="checkbox"/> DNA | SUBJECT'S ACTIONS MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____ | MEMBER'S RESPONSE OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targed) TASER (Spark Displayed) OTHER _____ | ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____ | KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) OTHER _____ | FIREARM OTHER _____ | | | |
| | 40 ADDITIONAL INFORMATION THERE WERE SEVERAL DOGS RUNNING AND GROWLING TOWARDS P.O. MEEKS#8051 PLACING HER IN FEAR OF RECEIVING SERIOUS/FATAL INJURY. THEREFORE P.O MEEKS#8051 DISCHARGED HER FIREAM AT THE DOGS. | | | | | | | | |
| 41 WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | 42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | 43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | 44. WEATHER CONDITIONS CLEAR | | | | | | |
| 45 MAKE/MANUFACTURER SIG.S. I. G SWISS INDUSTRIAL GESELLSCHAFT - SZ- | 46 MODEL P239 | 47. BARREL LENGTH 3.5 | 48 CALIBER/GAUGE 9 MM | | | | | | |
| 49 TASER DART ID NO [REDACTED] | 50 WEAPON SERIAL NO (Include Letters) [REDACTED] | 51. CHICAGO GUN REG NO [REDACTED] | 52 IL FIREARM OWNER ID NO [REDACTED] | 53 HANDGUN CERTIFICATE NO [REDACTED] | | | | | |
| 54 SPECIAL WEAPON CERTIFICATE NO [REDACTED] | 55 PROPERTY INVENTORY NO [REDACTED] | 56 TYPE OF AMMUNITION USED Department Issued | 57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1 | 58 TOTAL NO OF SHOTS MEMBER FIRED 3 | | | | | |
| 59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | 60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | 61 NO OF CATORIDGES/SHOT SHELLS RELOADED [REDACTED] | 62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST) | 63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW | 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | 65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | |
| 66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) HOLSTER | 67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT | | | | | | | | |
| 68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | 69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED] | | | | | | | | |
| 70 EVENT NO [REDACTED] | | | | | | | | | |
| 71 CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT) NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | 72 STAR/EMPLOYEE NO 8051 | SIGNATURE [REDACTED] | | | | | | | |
| SIGNATURES Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below | 74 REVIEWING SUPERVISOR (Print Name) MUHAMMAD, RAHMAN S | STAR NO 1856 | SIGNATURE [REDACTED] | DATE REVIEWED 13-JUL-2012 14:52:36 | TIME | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Shots fired at stray dogs

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

R/Capt. was not present during the time of this incident. Based on the information documented in this report, I have concluded that the member's actions were in compliance with Department procedures and directives.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1055510 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

MORADO, JUAN

SIGNATURE

DATE COMPLETED

TIME

13-JUL-2012 19:27:18

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

- | | | |
|---|---|---|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> ARREST REPORT | <input type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT |
| TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) | | |

80 TOTAL TRR's THIS EVENT No

2

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | |
|--|--|---|---|--|---|--|---|---------------------------------------|----------------------|
| MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply) | 1 DATE OF INCIDENT 13-JUL-2012 | TIME 13:28:00 | 3 LOCATION CODE 303 | 4 BEAT/OCCUR 0624 | | | | | |
| | 5 POSITION 9161 | 6 LAST NAME WILLIAMS | 7 FIRST NAME KESHAUN J | 8 STAR NO 6196 | 9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10 RACE CODE BLK | 11 AGE [REDACTED] | 12 HT. 508 | 13 WT. 188 |
| | 14 DATE OF APPT 27-AUG-2007 | 15 EMPLOYEE NO [REDACTED] | 16 UNIT & BEAT OF ASSIGNMENT 006 0661B | 17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | |
| | 20 LAST NAME [REDACTED] | 21 FIRST NAME [REDACTED] | 22 M/F [REDACTED] | 23 SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | 24 RACE [REDACTED] | 25 D.O.B. [REDACTED] | 26 HT. [REDACTED] | 27 WT. [REDACTED] | |
| | 28 ADDRESS [REDACTED] | 29 TELEPHONE NO [REDACTED] | 30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | |
| | 33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | 34 BY WHOM? [REDACTED] | 35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized | 36 CHARGES PLACED [REDACTED] | 37 CB NO [REDACTED] | IR NO [REDACTED] | DNA [REDACTED] | | |
| | 38 <input checked="" type="checkbox"/> DNA | SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____ | ACTIVE RESISTER FLED PULLED AWAY OTHER _____ | ASSAULTANT ASSAULT IMMINENT THREAT OF BATTERY OTHER _____ | ASSAULTANT BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____ | ASSAULTANT DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____ | | | |
| | MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____ | OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targed) TASER (Spark Displayed) OTHER _____ | ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) IMPACT MUNITION (Describe in Box 40) OTHER _____ | KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) | FIREARM OTHER _____ | | | | |
| | 39 <input type="checkbox"/> DNA | 40 ADDITIONAL INFORMATION SHOTS FIRED AT A DOG CHARGING AT P.O. IN FEAR OF A BATTERY. | | | | | | | |
| | WEAPON DISCHARGE INCIDENT CASE INFO. | POSITION [REDACTED] | STAR NO [REDACTED] | UNIT [REDACTED] | 41 WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | 42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | 44 WEATHER CONDITIONS CLEAR | |
| | 45 MAKE/MANUFACTURER SIGNS I GSWISS INDUSTRIAL GESELLSCHAFT - 92- | 46. MODEL P229 | 47 BARREL LENGTH 3.9 | 48 CALIBER/GAUGE 9 MM | | | | | |
| 49 TASER DART ID NO [REDACTED] | 50 WEAPON SERIAL NO (Include Letters) [REDACTED] | 51 CHICAGO GUN REG NO [REDACTED] | 52 IL FIREARM OWNER ID NO [REDACTED] | 53 HANDGUN CERTIFICATE NO [REDACTED] | | | | | |
| 54 SPECIAL WEAPON CERTIFICATE NO [REDACTED] | 55 PROPERTY INVENTORY NO [REDACTED] | 56 TYPE OF AMMUNITION USED Department Issued | 57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | 58 TOTAL NO. OF SHOTS MEMBER FIRED 2 | | | | | |
| 59 WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | 60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | 61 NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED] | 62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | 63 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | | | |
| 63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | 65 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input checked="" type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT | 66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | 67 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED] | | | | | |
| 68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | 69 | 70 | 71 | 72 | | | | | |
| NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | 73 REPORTING MEMBER (Print Name) WILLIAMS, KESHAUN J 13-JUL-2012 14:46:04 | STAR/EMPLOYEE NO 6196 | SIGNATURE [REDACTED] | ON C.R. 12 [REDACTED] | | | | | |
| SIGNATURES | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below | | | | | | | | |
| | 74 REVIEWING SUPERVISOR (Print Name) MUHAMMAD, RAHMAN S | STAR NO 1856 | SIGNATURE [REDACTED] | DATE REVIEWED 13-JUL-2012 14:53:17 | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

Shots fired at stray dogs

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

R/Capt. was not present during the time of this incident. Based on the information documented in this report, I have concluded that the member's actions were in compliance with Department procedures and directives.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1055510 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

MORADO, JUAN

SIGNATURE

DATE COMPLETED TIME
13-JUL-2012 19:27:37

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF,

- | | |
|--|--|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT |
| <input type="checkbox"/> ARREST REPORT | <input type="checkbox"/> OFFICER BATTERY REPORT |
| | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |

- | |
|---|
| <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> CR INITIATION REPORT |

80 TOTAL TRR'S THIS EVENT NO

2

Last Name: William S

First Name: Keshawn

Rank: Police Officer

Star #: 9084" 6196

Unit: 006

Home Zip Code: 60629

Date Hired: 8 27 AUG 07

Birthdate: [REDACTED]

TEST RECORD
RBT IV

RBT IV# [REDACTED]
DATE 07-13-12
TEST NO. 0499
ID#
105126
AS IU# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 15:59

SUBJECT
[REDACTED]

OPERATOR
Perris #1184
WITNESS
006 DIST
TEST LOCATION
1055510

TEST RECORD
RBT IV

RBT IV# [REDACTED]
DATE 07-13-12
TEST NO. 0499
ID#
105126
AS IU# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 15:59

SUBJECT
[REDACTED]

OPERATOR
Perris #1184
WITNESS
*006 DIST
TEST LOCATION
CL 1055510



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Keshawn Williams Title PO
Star No. 60196 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name | | Involved Member's Signature | Date and Time |
|-------------------------|--|-----------------------------|-----------------------|
| <u>Keshawn Williams</u> | | <u>Keshawn Williams</u> | <u>13 Jul 12 1530</u> |
| Type of Test: Alcohol | Location: <u>006th District</u> | Date and Time | <u>13 Jul 12 1559</u> |
| Type of Test: Drug | Location: <u>006th District</u> | Date and Time | <u>13 Jul 12 1610</u> |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name | | B.I.A. Supervisor's Signature | Date and Time |
|---|--|-------------------------------|------------------------|
| <u>Sgt Christopher Dennis</u> <u>CPD-44.252 (REV. 11/11)</u> | | <u>Sgt Christopher Dennis</u> | <u>13 July 12 1620</u> |

DISTRIBUTION ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER

TEST RECORD
RBT IV

RBT TU# [REDACTED]
DATE 07-13-12
TEST ID# 6499
ID#
105126
HS TU# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
%BAC -----

000 BLANK
000 AUTO 15 59

SUBJECT [REDACTED]

OPERATOR [REDACTED]
PETE SIVISI 184
WITNESS
OCO DIST
TEST LOCATION
CL 1055510

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by Sgt. C. Pettis #1184
 Employer Representative

Signature of Employer Representative

PART I - A. On the 13 day of July, 2012 at 1610, Keshawn Williams,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. C. Pettis,
(PRINT RECEIVING STAFF MEMBER'S NAME)
and witnessed this member:

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number _____

| A | B |
|----------------------|---------------------------|
| MAIN TEST VIAL - NO. | ALTERNATE TEST VIAL - NO. |

EXAMINEE'S SIGNATURE: X Keshawn Williams STAR/EMP NO. 6196 WITNESS'S SIGNATURE: Sgt. J. H. #1923 STAR/EMP NO. 38678
RECEIVING STAFF MEMBER'S SIGNATURE: Sgt. C. Pettis STAR/EMP NO. 1184 SUPERVISOR'S SIGNATURE: _____ STAR/EMP NO. _____

PART II - The urine specimen with the control number _____ received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by _____

C. Pettis, on 07/13/12, at 1711. (EXAMINEE'S INITIALS)

(STAFF MEMBER'S SIGNATURE)

(DATE)

(TIME)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
and then delivered to _____ (RDTU MEMBER)

(LAB MEMBER)

(DATE)

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

URBACH PLASTER & GLASS
3916 1/2 KIRKWOOD BLVD.
DETROIT MI 48207
URBACH PLASTER &
7-17-2014 8659 100-3000-001

LAB ACCESSION NO. [REDACTED]

B. MRO Name, Address, Phone and Fax No. [REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED]

First: [REDACTED]

E. Donor ID Verified: Photo ID Emp. Rep.F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99)

G. Drug Tests to be Performed:

 Cocaine (10 ng/ml cut-off)

**WEAPONS DISCHARGE
PER FUL CONTRACT**

H. Collection Site Name: COLL D

Collection Site Code: [REDACTED]

Address: 7800 S MAISLED

Collector Phone No. [REDACTED]

City, State and Zip: C HICAGO IL

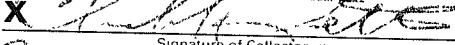
Collector Fax No. [REDACTED]

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection

 Split Single None Provided (Enter Remark) Observed (Enter Remark)
REMARKS COLL D**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.****STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements


Signature of Collector
ST. Christopher Perris
(Print) Collector's Name (First, MI, Last)

0610 AM
Time of Collection
7/13/2012
Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 Other _____

Name of Delivery Service Transferring Specimen to Lab

**RECEIVED
AT LAB:**

Signature of Accessor

(Print) Accessor's Name (First, MI, Last)

Date (Mo /Day/Yr)

**Primary Specimen
Bottle Seal Intact:**
 Yes
 No, Enter Remark _____
SPECIMEN BOTTLE(S) RELEASED TO:**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct


Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Daytime Phone No. ()

Evening Phone No. ()

Date (Mo /Day/Yr)

Date of Birth / /

Mo Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is

RECONFIRMED FAILED TO RECONFIRM - REASON _____

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 13 day of July 2014, C.p. MOE # 2683, received a collected urine specimen from XChristopher Perris # 1184. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

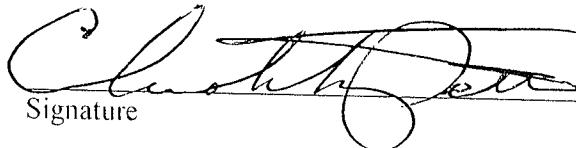
The packaging was then opened by C.p. MOE in the presence of XChristopher Perris. The following items were removed from the container:

Select One One tape-sealed vial labeled # ██████████ within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # ██████████

or

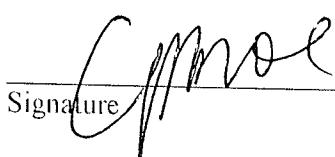
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by C.p. MOE, as witnessed by XChristopher Perris.

Specimen delivered by:


Signature

1184

Received/stored by:


Signature

26836

| | | | | | | |
|------------|--|---------------------|------------------------------------|-----------------|--|--|
| [REDACTED] | | PROP. INVENTORY NO. | DATE RECEIVED | MANNER RECEIVED | <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB <input type="checkbox"/> OTHER-DESCRIBE | STAR NO. |
| [REDACTED] | | REPORTING OFFICER | STAR NO. E & RPS RECEIVING OFFICER | | | |
| [REDACTED] | | ITEMS - DESCRIBE | WD # [REDACTED] | Sgt. C. Reiths | # 1184 | EVIDENCE - PROPERTY ENVELOPE |
| [REDACTED] | | UNIT \$ | [REDACTED] | | | EVIDENCE & RECOVERED PROPERTY SECTION CHICAGO POLICE DEPARTMENT |

Open 11/8/84

14-559-A

CPD 0081222

copy TS

0.11511a

Last Name: MEE KS
First Name: Tiffany
Rank: PO
Star #: 8051
Unit: 004
Home Zip Code: 606
Date Hired: 18 Dec 2006
Birthdate: [REDACTED]

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by Sgt. J. Hermann #1923
 Employer Representative

Signature of Employer Representative

PART I - A. On the 13 day of July, 2012 at 1535, I, Tiffany MEERS
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. J. Hermann,
(PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number ██████████.
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number 35657943 ██████████

| A | B |
|----------------------|---------------------------|
| MAIN TEST VIAL - NO. | ALTERNATE TEST VIAL - NO. |

EXAMINEE'S SIGNATURE

X JM Meers

STAR/EMP NO.

851 ██████████

WITNESS'S SIGNATURE

Sgt. J. Hermann

STAR/EMP NO.

1923 ██████████

RECEIVING STAFF MEMBER'S SIGNATURE

Sgt. J. Hermann

STAR/EMP NO.

1923 ██████████

SUPERVISOR'S SIGNATURE

██████████

STAR/EMP NO.

██████████

PART II -

The urine specimen with the control number ██████████ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

G. Meers
(STAFF MEMBER'S SIGNATURE)

07/13/12
(DATE)

1700
(TIME)

██████████
(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

██████████
(RDTU MEMBER)

and then delivered to

██████████
(LAB MEMBER)

██████████
(DATE)

██████████
(TIME)

Specimen received by

██████████
(LAB MEMBER'S INITIALS)

██████████
(RDTU MEMBER'S SIGNATURE)

██████████
STAR/EMP NO.

SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [REDACTED]

A Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last. [REDACTED]

First. [REDACTED]

E. Donor ID Verified: Photo ID Emp Rep. _____F. Reason for Test Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) _____

G. Drug Tests to be Performed

With 2nd Discharge
per Fur contactH Collection Site Name: COLIN DISTRICT

Collection Site Code: [REDACTED]

Address: _____

Collector Phone No.: _____

City, State and Zip: _____

Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____**Specimen Collection:**

| | | | |
|--------------------------------|--|---|--|
| <input type="checkbox"/> Split | <input checked="" type="checkbox"/> Single | <input type="checkbox"/> None Provided (Enter Remark) _____ | <input type="checkbox"/> Observed (Enter Remark) |
|--------------------------------|--|---|--|

REMARKS COLIN DISCHARGE
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X Sgt. J. H. [Signature]
 Signature of Collector
 (Print) Collector's Name (First, MI, Last)

AM
 PM
 Time of Collection 1:00 P.M.
 Date (Mo /Day/Yr) 07/10/12

SPECIMEN BOTTLE(S) RELEASED TO:

| | |
|---|---|
| <input checked="" type="checkbox"/> Quest Diagnostics Courier | <input type="checkbox"/> FedEx |
| <input type="checkbox"/> Other _____ | Name of Delivery Service Transferring Specimen to Lab _____ |

RECEIVED
AT LAB: **X**

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

**Primary Specimen
Bottle Seal Intact**

| | |
|------------------------------|--------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> |
| <input type="checkbox"/> | No, Enter Remark _____ |

SPECIMEN BOTTLE(S) RELEASED TO:

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo /Day/Yr)

Daytime Phone No ()Evening Phone No ()Date of Birth / /
Mo Day Yr

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 13 day of July 2012, I C. P. MOE #26836
received a collected urine specimen from X Christopher Perris # 1184. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

The packaging was then opened by C. P. MOE in the presence
of X Christopher Perris. The following items were removed from the container:

Select One One tape-sealed vial labeled # ██████████ within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # ██████████.

or

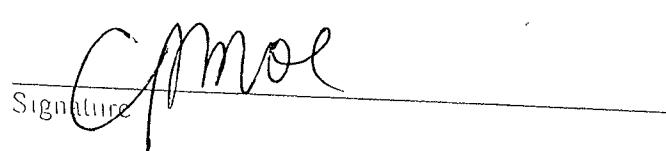
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C. P. MOE, as witnessed by X Christopher Perris

Specimen delivered by:


Signature

1184

Received/stored by:


Signature

26836



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Tiffany MEEKS Title P.O.
Star No. 8051 Employee No. [REDACTED] Unit COP

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

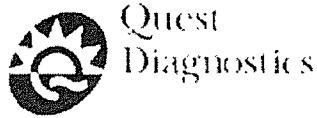
| Print Member's Name | Involved Member's Signature | Date and Time |
|-----------------------|--|--------------------------------------|
| <u>Tiffany MEEKS</u> | <u>Tiffy MEEKS</u> | <u>13 July 12 1455</u> |
| Type of Test: Alcohol | Location <u>0060th District</u> | Date and Time <u>13 July 12 1525</u> |
| Type of Test: Drug | Location <u>0060th District</u> | Date and Time <u>13 July 12 1535</u> |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name | B.I.A. Supervisor's Signature | Date and Time |
|--------------------------|-------------------------------|------------------------|
| <u>Sgt. J. Hermann</u> | <u>Sgt. J. Hermann</u> | <u>13 July 12 1525</u> |

DISTRIBUTION ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER

CPD-44.252 (REV. 11/11)



7/25/2012 05:08 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION [REDACTED]
LAB REF NO [REDACTED]
COLLECTED 7/13/2012 15:35
RECEIVED 7/18/2012 09:19
REPORTED 7/18/2012 14:30
DOCUMENT ID

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE PER FOP CO

Tests Ordered: 35190N

Integrity Checks

Acceptable Range

| | | |
|-----------------------|-------------|--------------|
| CREATININE | 111.9 mg/dL | >/= 20 mg/dL |
| pH | 5.9 | 4.5-8.9 |
| OXIDIZING ADULTERANTS | Negative | |

Substance Abuse Panel

| | | Initial Test Level | GC/MS Confirm Test Level |
|-----------------------|----------|--------------------|--------------------------|
| AMPHETAMINES | Negative | 1000 ng/mL | 500 ng/mL |
| BARBITURATES | Negative | 300 ng/mL | 200 ng/mL |
| BENZODIAZEPINES | Negative | 300 ng/mL | 200 ng/mL |
| COCAINE METABOLITES | Negative | 300 ng/mL | 150 ng/mL |
| MARIJUANA METABOLITES | Negative | 50 ng/mL | 15 ng/mL |
| METHADONE | Negative | 300 ng/mL | 200 ng/mL |
| METHAQUALONE | Negative | 300 ng/mL | 200 ng/mL |
| OPIATES | Negative | 2000 ng/mL | 2000 ng/mL |
| PHENCYCLIDINE | Negative | 25 ng/mL | 25 ng/mL |
| PROPOXYPHENE | Negative | 300 ng/mL | 200 ng/mL |

CERTIFYING SCIENTIST: KSVC01

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE PER FOP CO mapped to OTHR

07/13/12

Last Name: Williams

First Name: Keshawn

Rank: Police Officer

Star #: 10847 6196

Unit: 006

Home Zip Code: 60629

Date Hired: 8/27/AUG/07

Birthday: [REDACTED]

COPY TS

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified



Photo I. D. by Sgt. C. Pettis # 1184

Employer Representative

Signature of Employer Representative

PART I -

A. On the 13 day of July, 2012 at 1610, I, Keshawn Williams
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. C. Pettis
(PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.
- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number .
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number .

| A | B |
|---------------------------|---------------------------|
| MAIN TEST VIAL - NO. | ALTERNATE TEST VIAL - NO. |
| <u> </u> | <u> </u> |

EXAMINEE'S SIGNATURE

X Keshawn Williams
RECEIVING STAFF MEMBER'S SIGNATURE
Sgt. C. Pettis

STAR/EMP NO.

6176

WITNESS'S SIGNATURE

Sgt. J. H. # 1923

STAR/EMP NO.

38671

STAR/EMP NO.

1184

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

STAR/EMP NO.

PART II -

The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by

C. Williams
(STAFF MEMBER'S SIGNATURE)

07/13/12

(DATE)

1711

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

(RDTU MEMBER)

and then delivered to

(LAB MEMBER)

, on

(DATE)

, at
(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Keshawn WILLIAMS Title PO
Star No. 161960 Employee No. Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name | Involved Member's Signature | Date and Time |
|-------------------------|---|-------------------------------------|
| <u>Keshawn Williams</u> | <u>Keshawn Williams</u> | <u>13 Jul 12 1530</u> |
| Type of Test: Alcohol | Location <u>006th District</u> | Date and Time <u>13 Jul 12 1559</u> |
| Type of Test: Drug | Location <u>006th District</u> | Date and Time <u>13 Jul 12 1610</u> |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name | B.I.A. Supervisor's Signature | Date and Time |
|--|-------------------------------|------------------------|
| <u>Sgt Christopher Dennis</u> CPD-44.252 (REV. 11/11) | <u>Sgt Christopher Dennis</u> | <u>13 July 12 1620</u> |

DISTRIBUTION ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 13 day of July 2014, I C.P. MOE # 26836 received a collected urine specimen from X Christopher Perris # 1184. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

The packaging was then opened by C.P. MOE in the presence of X Christopher Perris. The following items were removed from the container:

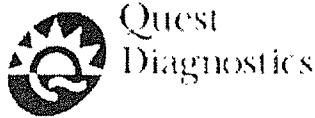
Select One One tape-sealed vial labeled # ██████████ within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # ██████████

or

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by C.P. MOE, as witnessed by X Christopher Perris.

Specimen delivered by: Christopher Perris # 1184
Signature

Received/stored by: C.P. MOE # 26836
Signature



7/25/2012 7 03 48 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION [REDACTED]
LAB REF NO [REDACTED]
COLLECTED 7/13/2012 16:10
RECEIVED 7/18/2012 09:28
REPORTED 7/18/2012 14:30
DOCUMENT ID

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE PER FOP CON

Tests Ordered: 35190N

Integrity Checks

Acceptable Range

| | | |
|-----------------------|-------------|--------------|
| CREATININE | 119.1 mg/dL | >/= 20 mg/dL |
| pH | 5.0 | 4.5-8.9 |
| OXIDIZING ADULTERANTS | Negative | |

Substance Abuse Panel

| | Initial Test Level | GC/MS Confirm Test Level |
|-----------------------|--------------------|--------------------------|
| AMPHETAMINES | Negative | 1000 ng/mL |
| BARBITURATES | Negative | 300 ng/mL |
| BENZODIAZEPINES | Negative | 300 ng/mL |
| COCAINE METABOLITES | Negative | 300 ng/mL |
| MARIJUANA METABOLITES | Negative | 50 ng/mL |
| METHADONE | Negative | 300 ng/mL |
| METHAQUALONE | Negative | 300 ng/mL |
| OPIATES | Negative | 2000 ng/mL |
| PHENCYCLIDINE | Negative | 25 ng/mL |
| PROPOXYPHENE | Negative | 300 ng/mL |

CERTIFYING SCIENTIST: KSVC01

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE PER FOP CON mapped to OTHR

BUREAU OF INTERNAL AFFAIRS
Investigations Division
Special Investigations Section

13 July 2012
C.L. 1055510

TO: Juan J. RIVERA
Chief
Bureau of Internal Affairs

ATTN: Robert KLIMAS
Commander
Investigations Division, BIA

CC: Lt. Susan CLARK
Commanding Officer
Administrative Section / BIA

FROM: Sergeant Christopher Pettis
Investigations Division
Special Investigations Section / BIA

SUBJECT: **Synoptic Report for C.L. # 1055510**
(Weapons Discharge Animal)

INVOLVED OFFICERS: Police Officer Tiffany B Meeks
Star # 8051, Unit 006 (On Duty)
Employee # [REDACTED]
Date of Appointment: 18 December 2006
D.O.B. [REDACTED]
.0000

BAC RESULTS: Reference: Log # 1055510
WD # [REDACTED]
Event # [REDACTED]

BAC RESULTS: Police Officer Keshawn J Williams
Star # 6196, Unit 006 (On Duty)
Employee # [REDACTED]
Date of Appointment: 27 August 2007
D.O.B. [REDACTED]
.0000

BAC RESULTS: Reference: Log # 1055510
WD # [REDACTED]
Event # [REDACTED]

TEST RECORD
PBT JU

RBT IU# [REDACTED]
DATE 07-13-12
TEST NO. 0498
ID#
103758
HS IU# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 15:25

OPERATOR
HELMAN #1923
WITNESS
1055510
TEST LOCATION

TEST RECORD
PBT I!!

RBT IU# [REDACTED]
DATE 07-13-12
TEST NO. 0498
ID#
103758
AS IU# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 15:25

SUBJECT
[REDACTED]
OPERATOR
HELMAN #1923
WITNESS
1055510
TEST LOCATION

BUREAU OF INTERNAL AFFAIRS
Investigations Division
Special Investigations Section

13 July 2012
C.L. 1055510

**DATE/TIME/
LOCATION:**

13 July 2012 / 1328 hours [REDACTED]

OCIC / DSS:

Sergeant RAHMAN MUHAMMAD

SUMMARY:

On 13 July 2012, at 1339 hours, Sergeant Hermann (GIS) was notified by Lt. Melean of a weapons discharge incident concerning on duty police officers in the 006th District. The weapons discharge involved a Female and Male officer. Investigating Sergeant Pettis met Investigating Sergeant Hermann in the 006th district to conduct breathalyzers and collect urine samples from both involved officers.

Sergeant Herman started the observation period of P.O. Tiffany Meeks at 1455 hours. P.O. Tiffany Meeks supplied a breath test sample, administered by Sergeant Herman, at 1525 hours, which resulted in a BAC result of .0000. P.O. Tiffany Meeks supplied a urine sample to Sergeant Hermann at 1535 hours.

P.O. Keshawn Williams's observation period started at 1530 hours. P.O. Keshawn Williams supplied a breath test sample, administered by Sergeant Pettis, at 1559 hours, which resulted in a BAC result of .0000. P.O. Keshawn Williams supplied a urine sample to Sergeant Pettis at 1610 hours.



Sergeant Christopher Pettis
Investigations Division
Special Investigations Section / BIA

APPROVED:



Lt. Susan CLARK
Commanding Officer
Administrative Section / BIA



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Tiffany MEEKS Title P.O.
Star No. 8051 Employee No. ██████████ Unit COP

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

| Print Member's Name | | Involved Member's Signature | Date and Time |
|----------------------|----------|-----------------------------|------------------------|
| <u>Tiffany MEEKS</u> | | <u>Tiffany MEEKS</u> | <u>13 July 12 1455</u> |
| Type of Test Alcohol | Location | OCDO th District | Date and Time |
| Type of Test Drug | Location | OCDO th District | Date and Time |

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

| B.I.A. Supervisor's Name | | B.I.A. Supervisor's Signature | Date and Time |
|--------------------------|--|-------------------------------|------------------------|
| <u>Sgt. J. Hermann</u> | | <u>J. Hermann</u> | <u>13 July 12 1545</u> |

CPD-44.252 (REV. 11/11)

DISTRIBUTION ORIGINAL - TO BIA SUPERVISOR, COPY - TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by

Sgt. J. Hermann #1923

Employer Representative

Signature of Employer Representative

PART I -

A. On the 13 day of July, 2012 at 1535, I, Tiffany MEERS,
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. J. Hermann,
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number _____.

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number 35657943.

| A | B |
|----------------------|---------------------------|
| MAIN TEST VIAL - NO. | ALTERNATE TEST VIAL - NO. |
| _____ | _____ |

EXAMINEE'S SIGNATURE

X Tiffy Meers

STAR/EMP NO.

851 _____

WITNESS'S SIGNATURE

Sgt. J. Hermann

STAR/EMP NO.

1923 _____

RECEIVING STAFF MEMBER'S SIGNATURE

Sgt. J. Hermann

STAR/EMP NO.

1923 _____

SUPERVISOR'S SIGNATURE

Abbe

STAR/EMP NO.

1923 _____

PART II - The urine specimen with the control number 35657943 was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

G. Moore (STAFF MEMBER'S SIGNATURE)

, on

07/13/12 (DATE)

at 1700 (TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)

and then delivered to _____, on _____, at _____ (LAB MEMBER) (DATE) (TIME)

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

Specimen received by _____

(LAB MEMBER'S INITIALS)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM


 Quest
Diagnostics
800-877-7484

SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [REDACTED]

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPARTMENT
123 S. WABASH AVE
CHICAGO IL 60603
CHICAGO POLICE DEPARTMENT

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last [REDACTED] First [REDACTED]

E. Donor ID Verified. Photo ID Emp. Rep. _____F. Reason for Test. Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) _____

G. Drug Tests to be Performed:

*Weapons discharge
per FOIA contact*

H. Collection Site Name: *006th District*

Collection Site Code: [REDACTED]

Address: _____

City, State and Zip: _____

Collector Phone No.: _____

Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection.

 Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____REMARKS *006th District* [REDACTED]

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X *Sgt. T. Hermann*
Signature of Collector
Sgt. T. Hermann
(Print) Collector's Name (First, MI, Last)

1500 AM
Time of Collection
07/18/10
Date (Mo/Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

Quest Diagnostics Courier FedEx
 Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: *X*

Signature of Accessioner
[Signature]
(Print) Accessioner's Name (First, MI, Last)

Date (Mo/Day/Yr)

Primary Specimen
Bottle Seal Intact

Yes
 No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X *[Signature]*
Signature of Donor
[Signature]
(PRINT) Donor's Name (First, MI, Last)

Daytime Phone No. () _____

Evening Phone No. () _____

Date (Mo/Day/Yr)
Mo / Day / Yr

Date of Birth _____

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 13 day of July 2012, I C.P. MOE #26836
received a collected urine specimen from X Christopher Perris # 1184. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as

Select One A clear and blue CPD evidence/properly bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

The packaging was then opened by C.P. MOE in the presence
of X Christopher Perris. The following items were removed from the container

Select One One tape-sealed vial labeled # within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled #

or

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C.P. MOE, as witnessed by X Christopher Perris

Specimen delivered by:

Christopher Perris # 1184
Signature

Received/stored by:

C.P.MOE # 26836
Signature

Last Name: MEEKS
First Name: Tiffany
Rank: P.O.
Star #: 8051
Unit: 006
Home Zip Code: 606
Date Hired: 18 Dec 2006
Birthdate: [REDACTED]

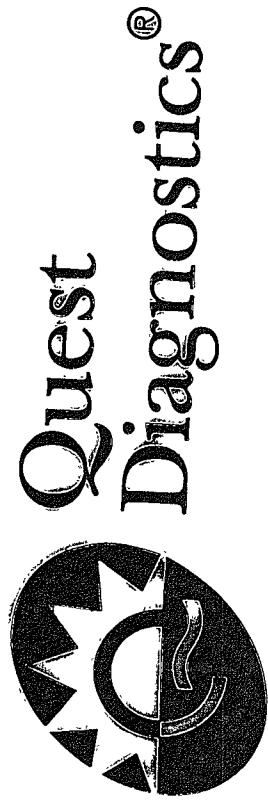
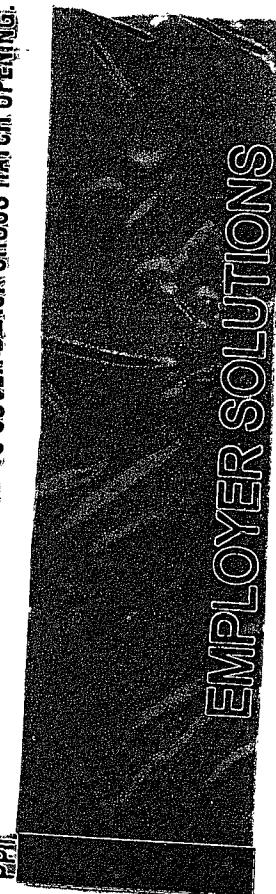
TEST RECORD
RET 10

RBT ID# [REDACTED]
DATE 07-13-12
TEST ID# 0496
TEST ID# 10#
103756
HS ID# [REDACTED] C
TEMPERATURE 23 C

SUBJECT TEST
%BAC _____
000 BLANK
000 AUTO 15:25

OPERATOR [REDACTED]
Helen AND #422
WITNESS
105510
TEST LOCATION

1. PREPARE SPECIMEN INSTRUCTIONS ON BACK OF CHAIN OF CUSTODY FORM.
2. FOLD CHAIN OF CUSTODY FORM IN HALF AND PLACE IN LARGE POUCH WITH BAR CODE FACING OUT.
3. PLACE SPECIMEN IN SMALL POUCH.
4. REMOVE RELEASE LINE FROM FLAP.
5. FOLD DOUBLE ADHESIVE FLAP TO CUTTER BLACK CROSS HATCH OPENING.



PLACE DESTINATION
LABEL HERE

| PROP. INVENTORY NO. | | DATE RECEIVED | MANNER RECEIVED | STAR NO. |
|--|--|---------------|---|----------|
| | | | <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB | |
| FILING OFFICER | | STAR NO. | E & RPS RECEIVING OFFICER | |
| | | | | |
| NTS - DESCRIBE | | IT \$ | <p>WO # [REDACTED]</p> <p>Sgt / D. Newman - 1988</p> | |
| <p><i>1988</i></p> <p><i>SEAL WITHIN WHITE AREA</i></p> <p><i>88</i></p> | | | | |

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION
CHICAGO POLICE DEPARTMENT

| | | | |
|------------------|---------------------|---------------|---|
| J. | PROP. INVENTORY NO. | DATE RECEIVED | MANNER RECEIVED |
| | | | <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB |
| UNITS | | | <input type="checkbox"/> OTHER- <input type="checkbox"/> DESCRIBE |
| TENTS - DESCRIBE | | | |
| ENTERING OFFICER | | | |

STAR NO.

E & RPS RECEIVING OFFICER

STAR NO.

MATERIAL TESTED

 OTHER-
 DESCRIBE

EVIDENCE - PROPERTY ENVELOPE

SEAL WITHIN WHITE AREA

EVIDENCE & RECOVERED PROPERTY SECTION
CHICAGO POLICE DEPARTMENT

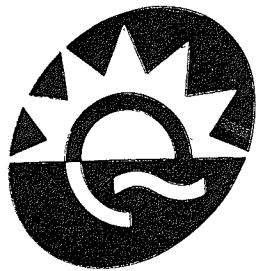
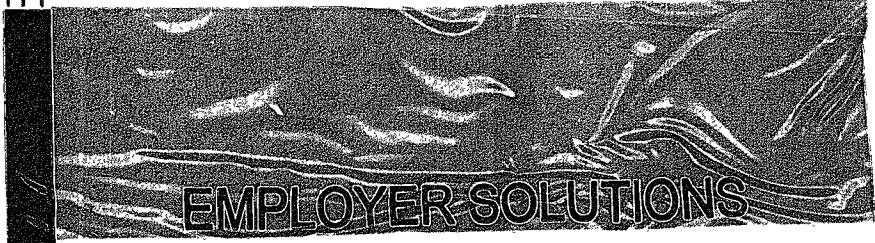
34-559-

Sgt. [REDACTED] #1184

JMB m

1. PREPARE SPECIMEN PER INSTRUCTIONS ON BACK OF CHAIN OF CUSTODY FORM
2. FOLD CHAIN OF CUSTODY FORM IN HALF AND PLACE IN LARGE POUCH WITH BAR CODE FACING REAR.
3. PLACE SPECIMEN IN SMALL POUCH.
4. REMOVE RELEASE LINER FROM FLAP.
5. FOLD BLUE ADHESIVE FLAP TO COVER BLACK CROSS HATCH OPENING.

PPT



Quest
Diagnostics®

PLACE DESTINATION
LABEL HERE

| | | | | |
|---|--|---------------------|---------------------------|---|
| NO. | | PROP. INVENTORY NO. | DATE RECEIVED | MANNER RECEIVED |
| JNT \$ | | | | <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB |
| INTS - DESCRIBE | | WO # [REDACTED] | E & RPS RECEIVING OFFICER | <input type="checkbox"/> OTHER-DESCRIBE |
| INTS - DESCRIBE | | [REDACTED] | STAR NO. | STAR NO. |
| <p style="text-align: center;">SEAL WITHIN WHITE AREA</p> <p>Sgt. J. Herman 1923 MELAS 8801</p> | | | | |

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

To: 63592
08/08/12 07:09 AM

Page 1 of 1

From: (3127453648)